MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-02.5	Subject: **STERILE PARENTERAL PRODUCTS**
Reference: NCCHC Standard P-D-02, 2014; Medication Services OAR 855-014-0063	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: June 1, 2017
Signature / Title: /s/ Cindy Hiner / Health Services Manager	
Signature / Title: /s/ Tristan Kohut, D.O. / Medical Director	

I. PURPOSE

To ensure sterile parenteral products are prepared as prescribed by the practitioner in a manner that insures the product is free from microbial or particulate contamination according to pharmacy practice.

II. DEFINITIONS

Large Volume Parenteral (LVP) – a sterile solution of 100ml. or more, intended for infusion, excluding blood.

Piggyback (IVPB) – a sterile solution, usually less than 100ml, intended for periodic infusion.

Intravenous Admixture – a piggyback or large volume parenteral that has one or more additional products added.

III. PROCEDURES

A. General requirements

1. Pharmacy personnel will be responsible for receiving all shipping cartons containing intravenous fluids.

2. Intravenous products will be stored according to manufacturer instructions or contract pharmacist recommendations.

3. All orders for intravenous products will be entered into the Sapphire EMAR system by licensed health care staff.

4. The designated registered nurse will follow strict sterile technique when mixing intravenous products. Preparation will occur to ensure that physician orders are implemented in a timely manner.

5. The nurse will determine with the assistance of the Diamond pharmacist if:
   a. The admixture will be prepared at MSP pharmacy or Diamond Pharmacy.
   b. The medication additive and intravenous solution are compatible.
   c. The intravenous admixture will be physically and chemically stable.
   d. The medication additive will dilute appropriately to assure completed solubility and minimize chemical irritation to the vein.
   e. The administration rate is appropriate for the specific medication concentration.

   Internet and/or medication reference books are available on-site for all nursing personnel.

6. A label will be affixed to all admixtures by the designated RN. The label will permit the unobstructed view of the contents and allow the name, type of solution, and lot number of the manufacturer's label to be read. The label will include:
   a. Inmates name
   b. The inmate's AO/ID number
   c. Name and amount of ingredients, including primary solution
   d. Infusion rate – ml/hr or gtts/min
   e. Expiration date and time
   f. Prescriber's name
   g. Storage requirements or special conditions if necessary
   h. Handwritten initials of pharmacist or nurse to certify accuracy
   i. Initials of compounder if different than those of individual preparing admixture.

7. The intravenous solutions will be examined by the nurse before administration for turbidity, particulate matter, discoloration, cracks or leaks. Any questionable product(s) will not be utilized.

8. Nursing staff will use aseptic technique as outlined in the nursing procedures text when administering the intravenous solution.

9. Peripheral intravenous sites will be covered with op-site barriers. Op-sites will be labeled with the date and time of start and initialed by the nurse. Nursing personnel will assess sites on every shift for signs of patency and inflammation with dressing change prn, and will document the site assessments on the Nursing Assessment Form.

10. Peripheral intravenous sites will be rotated every 72 hours and prn by nursing personnel. The 72 hour time may be extended by practitioner review and authorization.

11. Tubing used to deliver sterile parenteral products will be changed by nursing personnel every 72 hours or more often as directed by product guidelines. A label will be affixed to the tubing indicating the date and time use of the tubing was initiated.

12. Nursing personnel will immediately report any complications to the practitioner, and document them in the patient health care record.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. ATTACHMENTS None